## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

## GENERAL POWER OF ATTORNEY

(for several applications filed in the USPTO)

As a representative of the Assignee, Medtronic Spine LLC, a Delaware limited liability company, I hereby appoint the Practitioners associated with the Customer Number 000046333 to act as our attorneys or agents to prosecute applications filed under Customer Number 000046333 and transact all business in the Patent and Trademark Office connected herewith.

Please address all correspondence and telephone calls regarding this application to:

Haynes and Boone, LLP

901 Main Street, Suite 3100 Dallas, TX 75202-3789 (972) 680-7557 (214) 200-0853 – Fax ipdocketing@haynesboone.com

The undersigned is the representative for the Assignee of the entire right, title, and interest in the

patent application submitted herewith. A copy of the assignment or other documents in the chain of title, if applicable, are attached.

The undersigned (whose title is supplied below) is authorized to act on behalf of the Assignee.

| may 20, boog |  | Noreen C. Johnson |
|--------------|--|-------------------|
|              |  | Vice President    |
|              |  | Title             |

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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).  |  |  |                                       |                         |                        |  |  |
|--|--|--|---------------------------------------|-------------------------|------------------------|--|--|
| I hereby appoint.  |  |  |                                       |                         |                        |  |  |
|  | ted with the Customer Number.  | 000046333  |                                       |                         |                        |  |  |
| OR  Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):  |  |  |                                       |                         |                        |  |  |
| Practitioner(s) named  | below (if more than ten patent p                                       | practitioners are to be  | e named, then a cust                  | omer number must be u   | sea):<br>              |  |  |
|  | Name   | Registration Number  | N                                     | ame                     | Registration<br>Number |  |  |
|  |  | Number   |                                       |                         | Namber                 |  |  |
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| <u> </u>   |  |  |                                       |                         |                        |  |  |
|  |  | ELECTION OF THE PROPERTY OF TH |                                       |                         |                        |  |  |
| as attorney(s) or agent(s) to  | represent the undersigned before                                       | re the United States   | Patent and Tradema                    | rk Office (USPTO) in co | nnection with          |  |  |
| any and all patent application   | ons assigned <u>only</u> to the undersign ordance with 37 CFR 3.73(b). | ned according to the   | USPTO assignment                      | records or assignment   | documents              |  |  |
|  | ondence address for the applicati                                      | ion identified in the a  | ttached statement un                  | der 37 CFR 3 73(b) to:  |                        |  |  |
| Please change the correspo   | 3/10C/100 804/1003 10/ 1/10 app.1040                                   |  |                                       |                         | i                      |  |  |
| The address asso   | ociated with Customer Number:  | 0000463  | 333                                   |                         |                        |  |  |
| OR   | Clated With Costoffer Number.  |  |                                       |                         |                        |  |  |
| Firm or  |  |  |                                       |                         |                        |  |  |
| Address  |  |  |                                       |                         |                        |  |  |
|  | State   Zip  |  |                                       | : '                     |                        |  |  |
| City   |  | State  |                                       | Zip                     |                        |  |  |
| Country  |  |  |                                       |                         |                        |  |  |
| Telephone  |  |  | Email                                 |                         |                        |  |  |
|  |  |  |                                       |                         |                        |  |  |
| Assignee Name and Address:   |  |  |                                       |                         |                        |  |  |
| Medtronic Spine LLC<br>2711 Centerville Road, Suite 400  |  |  |                                       |                         |                        |  |  |
| Wilmington, DE 19808   |  |  |                                       |                         |                        |  |  |
|  |  |  |                                       |                         |                        |  |  |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of |  |  |                                       |                         |                        |  |  |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,   |  |  |                                       |                         |                        |  |  |
| and must identify the application in which this Power of Attorney is to be filed.  |  |  |                                       |                         |                        |  |  |
| SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee   |  |  |                                       |                         |                        |  |  |
| Signature  | 1. And Nows Date May 2, 2008   |  |                                       |                         |                        |  |  |
|  | Andrew Lowes   |  |                                       | Telephone 972-680-7557  |                        |  |  |
| Name J, Andrew Lo  | wes 🗸  |  |                                       | Telephone 972-680-75    | 57                     |  |  |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/96 (01-08)
Approved for use through 01/31/2008. OMB 0651-0031
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| STATEMENT UNDER 37 CFR 3.73(b)  |  |  |  |  |
|---|--|--|--|--|
| Applicant/Patent Owner: Reiley, Mark A. et al.  |  |  |  |  |
| Application No./Patent No.: 7,166,121 F   | Filed/Issue Date: <u>January 23, 2007</u>  |  |  |  |
| Entitled: Systems And Methods Using Expandable Bodies To Push Apart Cortical Bone Surfaces                |  |  |  |  |
| Medtronic Spine LLC, a  | corporation  |  |  |  |
| (Name of Assignee)  | (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)                                    |  |  |  |
| states that it is: 1.  the assignee of the entire right, title, and interest;                             | or   |  |  |  |
| 2. an assignee of less than the entire right, title and (The extent (by percentage) of its ownership inte | interest rest is %)  |  |  |  |
| in the patent application/patent identified above by virtu  | e of either:   |  |  |  |
| in the United States Patent and Trademark Office thereof is attached.                                     | application/patent identified above. The assignment was recorded at Reel, Frame, or for which a copy                       |  |  |  |
| OR  B. ✓ A chain of title from the inventor(s), of the patent   | application/patent identified above, to the current assignee as follows:   |  |  |  |
| REILEY, Mark A.; SCHOLTEN, Arie; 1. From: TALMADGE, Karen D. The document was recorded in the United      |  |  |  |  |
|   | , or for which a copy thereof is attached.   |  |  |  |
| 2. From: Kyphon Inc.  | To: Medtronic Spine LLC  |  |  |  |
| The document was recorded in the United Reel <u>020993</u> , Frame <u>0042</u>                            | states Patent and Trademark Office at, or for which a copy thereof is attached.  |  |  |  |
| 3. From:  | To:  |  |  |  |
| The document was recorded in the United Reel, Frame   | States Patent and Trademark Office at, or for which a copy thereof is attached.  |  |  |  |
| Additional documents in the chain of title are listed on a supplemental sheet.                            |  |  |  |  |
| As required by 37 CFR 3.73(b)(1)(i), the documen assignee was, or concurrently is being, submitted for re | tary evidence of the chain of title from the original owner to the ecordation pursuant to 37 CFR 3.11.                     |  |  |  |
|   | iginal assignment document(s)) must be submitted to Assignment record the assignment in the records of the USPTO. See MPEP |  |  |  |
| The undersigned (whose title is supplied below) is auth   | orized to act on behalf of the assignee. $6/8/08$  |  |  |  |
| Signature   | Date   |  |  |  |
| ί<br>Julie M. Nickols. Registration No.   | 50.826 (972) 739-8640  |  |  |  |
| Printed or Typed Name   | Telephone Number   |  |  |  |
| Appointed Practitioner Title  |  |  |  |  |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.